



FLORIDA | Council of Licensed Midwifery

Draft Rule Workshop Minutes

April 27, 2015 at 9:00 am

Department of Health Building
4042 Bald Cypress Way, Room 301
Tallahassee, FL 32399

Call to Order:

The workshop was called to order by Ms. Robinson, Executive Director, at approximately 9:00 am. Those present for all or part of the workshop included the following:

MEMBERS PRESENT:

Melissa Conord-Morrow, RN, LM, Chair
Dana Barnes, MD
Kathy Bradley, Consumer Member
Robyn Mattox, LM
Tania Mondesir, RN, LM
Charlie Young, LM

MEMBERS ABSENT:

Robert Pearson-Martinez, MD
David Stewart, MD
Stephanie Wombles, CNM

STAFF PRESENT:

Christy Robinson, Executive Director
Linda McMullan, Assistant General Counsel
Lucy C. Gee, MS, Director, Division of Medical Quality Assurance
Adrienne Rodgers, Chief, Bureau of Health Care Practitioner Regulation
Jacqueline Clahar-Anderson, Regulatory Specialist II

COURT REPORTER:

For the Record Reporting
850-222-5491

The Department of Health (Department) took testimony from interested parties and Council members regarding the entire rule chapter. The exact comments and testimony can be found on the attached transcript.

The workshop adjourned at 10:04 am.

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STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNCIL OF LICENSED MIDWIFERY

Re: Rule Development Discussion
For Rule 64B24

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RULE WORKSHOP

April 27th, 2015

9:00 a.m. - 10:04 a.m.

Department of Health
4042 Bald Cypress Way, Room 301
Tallahassee, Florida 32399

Reported by:

SCHEDALE WOODS, Court Reporter
For the Record Reporting, Inc.
1500 Mahan Drive - Suite 140
Tallahassee, Florida, 32308

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PRESENT
CHRISTY ROBINSON
LINDA MCMULLEN
MELISSA CONORD-MORROW
SUSAN "ROBYN" MATTOX
JACQUELINE ANDERSON
DANA BARNES
ADRIENNE RODGERS
CHARLIE YOUNG
TANIA MONDESIR
KATHY BRADLEY

* * *

P R O C E E D I N G S

1
2 MS. ROBINSON: All right. We're going to go
3 ahead and get started. Good morning, everyone.
4 Good morning. My name is Christy Robinson. I'm
5 the Executive Director for the Council of Licensed
6 Midwifery. Welcome to the April 27th, 2015,
7 Department of Health Rule Workshop on the Council
8 of Licensed Midwifery rules. Your panel today is
9 myself, Christy Robinson, the following council
10 members: Melissa Conord-Morrow, Robyn Mattox,
11 Kathy Bradley, Tania Mondesir, which hopefully,
12 will be joining us soon, Dana Barnes, and Charlie
13 Young.

14 So again, I already kind of said earlier, we
15 have sign-in sheets in the back, because we want
16 to keep an official record of the meeting. And
17 also, anyone interested in speaking, fill out a
18 speaker card request form and you can bring them
19 up to us and we'll keep track and call your name
20 whenever it's time. And I think everybody pretty
21 much has done that already.

22 When your name is called to come speak on
23 your particular item of interest, you'll be sworn
24 in by the court reporter who is taking official --
25 no? They're not swearing in? Okay. All right.

1 You won't be sworn in by the court reporter. So
2 she is here just to keep an official record of the
3 comments made here today. And then, Ms. McMullen,
4 Lin McMullen, who represents the Department of
5 Health, will explain the ruling making process
6 very briefly.

7 MS. MCMULLEN: Is that where we are now?

8 MS. ROBINSON: That's where we are.

9 MS. MCMULLEN: Okay. Today is really the
10 first step in the rule making process. I'm going
11 to give you just a general overview of how it
12 works. We're doing a workshop today and we'll
13 take public testimony and we will continue to take
14 public testimony for a period of probably 10 days,
15 10 to 14 days. And so you should continue to talk
16 to your colleagues and friends about things that
17 you think should be changed in the rules and
18 submit them to us in writing. Everything is taken
19 into account.

20 The next step in this process will be the
21 notice of rule making. And we put that -- this is
22 not -- it's not a quick process the way this
23 works. It's governed by Chapter 120 of the
24 Florida Administrative Procedures Act. We'll
25 notice the rule of rule development, and then

1 there may be changes and we'll do a Notice of
2 Change. There may be other things that come to
3 our attention as we go along. We'll probably --
4 we will definitely have another council meeting
5 where the council will review all of the comments
6 and testimony that has been given.

7 And then we will have, at that point, after
8 we notice the rule, we'll have a final draft of
9 the rule. We will submit that to the Joint
10 Administrative Procedures Committee. And then
11 that is the -- the legislative committee that's
12 made up of house members and senate members, and
13 they review the rule and they make comments and
14 send it back to us, and if they like it and it's
15 fine. But usually, you get a letter saying we
16 think you should change this number and this comma
17 and, you know, this paragraph, and that sort of
18 thing. So we have to accommodate that.

19 Then, we finally get to a point where we'll
20 get a certification from the Joint Administrative
21 Procedures Committee. We call it JAPC for short.
22 Once we get that then we can file the rule for
23 final adoption and it gets filed with the
24 Secretary of State if there's no challenges to it,
25 no requests for a hearing. It becomes final 20

1 days after that.

2 So you can kind of get an idea of the rough
3 timeline. We're probably looking at 60 days
4 before anything, at the earliest, that anything's
5 going to be finalized. That assumes there's no
6 challenges to the rule and no rule hearings that
7 would have to be scheduled, which means that
8 everybody's happy with it. It also means that we
9 are able to address all of the concerns that the
10 Joint Administrative Procedures Committee might
11 have.

12 Once it's filed with the Secretary of State,
13 it becomes final 20 days after that, assuming
14 nothing else happens. And then, from that point
15 forward, then you start operating under the rule
16 as it's been drafted. So that's just a general
17 view of it. We're at step one today, so is there
18 any questions about the procedure?

19 Okay. Thank you.

20 MS. ROBINSON: Okay. So today, what we're
21 going to do is we are going to follow the order of
22 the agenda with respect to when we discuss certain
23 rules. So I did notice that on the speaker card
24 -- I have three speaker cards, and each individual
25 has indicated they want to discuss, potentially,

1 every rule, which is fine. So if you could please
2 keep your comments concise. You know, we have,
3 obviously, a lot of discussion to go over here
4 today. So, you know, we'll try to keep it moving
5 along.

6 So the first item on the agenda is Rule
7 64B24-1, Organization. And what we are doing --
8 or proposing that we do with those particular
9 rules are clarifying terms, procedure, and
10 unexcused absences, and creating a requirement for
11 a department annual report that includes some
12 statistical information, as well as, hopefully,
13 statistics that we receive from licensed midwives
14 in the future. So I'll go ahead and call up the
15 first interested party, which is Michelle Ruffalo.

16 MS. RUFFALO: I have nothing.

17 MS. ROBINSON: No comments?

18 MS. RUFFALO: No.

19 MS. ROBINSON: Okay.

20 Christy Phillips?

21 MS. PHILLIPS: I'm fine right now.

22 MS. ROBINSON: All right.

23 Kim Stewart or Laura McLafferty?

24 MS. STEWART: No.

25 MS. ROBINSON: Good?

1 MS. MCLAFFERTY: Good.

2 MS. ROBINSON: All right. Do the council
3 members want to provide any comments on this rule
4 at this time? Organization? No.

5 Okay. All right. We will move on to
6 64B24-2, Licensure Requirements. A lot of the
7 proposed changes that we were making in this rule
8 are just clarification and there's edits. We're
9 also clarifying the examination fee, clarifying
10 the emergency care plan requirements, and
11 clarifying temporary certificates.

12 So do the interested parties -- Michelle
13 Ruffalo?

14 MS. RUFFALO: On licensure --

15 MS. ROBINSON: Come on -- if you're going to
16 provide comments, come on up.

17 MS. RUFFALO: Hi. I'm Michelle Ruffalo.
18 I'm representing the Midwives Association of
19 Florida.

20 (Whereupon, the court reporter asked for
21 clarification.)

22 MS. RUFFALO: So we -- for 64B24-4.010, the
23 pre-life -- pre -- four month pre-licensing
24 course. Did I jump ahead of the thing? I'm
25 sorry.

1 MS. ROBINSON: What was that rule number,
2 again?

3 MS. RUFFALO: 64B24 -- I went ahead. We're
4 on .2. Yeah. It's 2.004, Licensing By
5 Endorsement.

6 MS. ROBINSON: Okay. That's on Page 3 of
7 the draft.

8 MS. RUFFALO: Uh-huh.

9 MS. ROBINSON: Okay.

10 MS. RUFFALO: For the Midwives Association,
11 one of the things, and I believe it is already in
12 here, was to make sure that the certificate or
13 diploma awarded by the Midwifery Program was
14 accredited by a MEAC or accredited by an entity
15 recognized by the U.S. Department of Education,
16 and is approved by the certifying body of the
17 state in which it was located. And that's --
18 that's just one of the things that we were hoping
19 to --

20 MS. ROBINSON: And that's for individuals
21 that graduated from school in an another state?

22 MS. RUFFALO: Foreign trained.

23 MS. ROBINSON: Also?

24 MS. RUFFALO: Uh-huh.

25 (Whereupon, the court reporter asked for

1 clarification.)

2 MS. RUFFALO: For them to be licensed by
3 endorsement.

4 MS. ROBINSON: Just for all the audience,
5 there is a copy of the draft proposed changes in
6 the back, if you didn't already see it.

7 MS. MATTOX: Michelle, can you repeat that,
8 please?

9 MS. RUFFALO: Okay. So where it's coming
10 from is that when they go to take their licensure
11 by endorsement course, that the course is -- that
12 they're going to an accredited MEAC or accredited
13 by a school that is accredited by an entity that
14 is recognized by the U.S. Department of Education.

15 MS. ROBINSON: So you're suggesting that the
16 school that they graduate from, whether it be in
17 another state or in a foreign country, that it be
18 accredited by MEAC?

19 MS. RUFFALO: MEAC and the Department of --
20 yes, and the U.S. Department of Education.

21 MS. ROBINSON: I don't necessarily know that
22 that would be possible for individuals coming from
23 a foreign institution.

24 MS. RUFFALO: Well, but the licensing --
25 right now, the licensing by endorsement class,

1 that's -- we want it to be offered by a school
2 that is MEAC accredited or --

3 MS. ROBINSON: Okay. So you mean the
4 four-month licensure course.

5 MS. RUFFALO: Correct. Correct.

6 MS. ROBINSON: You want that to be
7 accredited?

8 MS. RUFFALO: Yes.

9 MS. ROBINSON: Okay.

10 MS. RUFFALO: Yes. I'm sorry.

11 MS. ROBINSON: That's okay. That's what
12 we're here for.

13 Did you have any other comments about the
14 rules in that section?

15 MS. RUFFALO: Not for that section.

16 MS. ROBINSON: Okay.

17 How about Kristen Phillips?

18 MS. PHILLIPS: Nope.

19 MS. ROBINSON: Kim Stuart or Laura?

20 MS. STUART: No.

21 MS. ROBINSON: Okay.

22 Do any council members have any comments
23 about that? No? Okay.

24 MS. BRADLEY: Well, where is it in our
25 overall -- like, what midwifery school, not just

1 the four-month licensure, where is it stated --

2 MS. CONORD-MORROW: Under Training Programs,
3 D -- yeah. It would be in a different rule.

4 MS. BRADLEY: Right. But I wanted to look
5 at that, how it reads there. So --

6 MS. CONORD-MORROW: Do they match?

7 MS. BRADLEY: Yeah. That's what I'm looking
8 at.

9 MS. CONORD-MORROW: That would be -- Page
10 10.

11 MS. BRADLEY: Under Training Programs --

12 MS. CONORD-MORROW: No. Remember it used to
13 say --

14 MS. MCMULLEN: 64B24-4.002. And that's one
15 of the things that is being considered once we get
16 to that rule. That's one of the things that's
17 being considered as something that needs to be
18 looked at.

19 MS. BRADLEY: When we do -- we -- when we
20 get there, can we then come back to this?

21 MS. MCMULLEN: Yes. We need to do it in
22 order. We'll take that up when we get to that
23 rule.

24 MS. ROBINSON: And just as a matter of
25 clarification, procedurally, we do require that

1 anyone offering the four-month pre-licensure
2 course go through the same approval process as we
3 would someone offering the full training program.
4 And the law does say they're supposed to be
5 accredited.

6 Were there any other comments about any of
7 the rules in 64B24-2?

8 MS. CONORD-MORROW: And I think that I had a
9 note on this .004. Number 6 and number 9 seem to
10 be repetitive, under (1)(a).

11 MS. MCMULLEN: Can you speak up?

12 MS. CONORD-MORROW: 2.004 (1)(a), 6 and 9
13 seem to be a repetitive statement.

14 MS. BARNES: I don't even see 9.

15 MS. MATTOX: Are we looking at different
16 drafts, Christy, between this one and this -- this
17 third draft, and this one?

18 MS. ROBINSON: The draft that we have, that
19 we gave you on the table should be pretty much
20 identical to the third draft, third version draft
21 we reviewed at the last meeting.

22 MS. MATTOX: Okay.

23 MS. ROBINSON: I think we might have changed
24 a word.

25 MS. CONORD-MORROW: And you took out 5, as

1 well.

2 MS. ROBINSON: Okay.

3 MS. CONORD-MORROW: Disregard.

4 MS. ROBINSON: So are we good? Okay.

5 So specifically, one of the things that we
6 are attempting to do in this particular section is
7 clarifying what the emergency care plan needs to
8 include as part of the initial licensure process.
9 So does anyone just want to get on the record, if
10 anyone has any questions or comments or concerns
11 about that particular portion? None? Okay.

12 And then, did anyone have any comments to
13 provide regarding the temporary certificate to
14 practice in the area of critical need? Okay.

15 All right. The next rule is 24-3, and that's
16 our fee rule. Basically, what we are doing -- we
17 haven't recommended that any of fees be changed.
18 We just changed the format of the rule to make it
19 less wordy and more concise. So does anyone have
20 any -- I know all the speakers said they wanted to
21 speak about that rule, but -- does anyone? No?
22 Okay. All right. Council members?

23 The next rule is 24-4, Training Programs.
24 Again, we are clarifying terms and streamlining
25 the language. We are also trying to further

1 define how to handle new schools applying with
2 respect to the accreditation process since that is
3 a very lengthy ordeal as we understand it. We are
4 also trying to work out our process for evaluating
5 the training programs, as well as come up with
6 requirements specifically for the two-year reduced
7 training program. So we will start with Michelle
8 Ruffalo. Am I saying that right?

9 MS. RUFFALO: Yes, ma'am.

10 I think that you guys have already talked
11 about what we wanted to have added in regards to
12 this part previously with the accreditation and
13 the length of training. So I think that you guys
14 covered this before. Yes, you have.

15 MS. ROBINSON: How about Kristen Phillips?

16 MS. PHILLIPS: Not at this time.

17 MS. ROBINSON: Okay. And Kim Stuart, Laura
18 McLafferty? No? Council members, do you have any
19 comments about that section? Okay.

20 And just one of the -- just to kind of go
21 over very, very quickly, one of the changes that
22 -- we are in the process of gathering research to
23 come up with any curriculum framework or
24 guidelines for offering a reduced two-year program
25 for individuals that have prior nursing training

1 or prior midwifery training, things of that
2 nature. So we're still in the information
3 gathering stages for that. We've contacted the
4 Florida Department of Education and gotten a
5 little bit of information from the public school
6 side of the Department of Education.

7 The Commission on Independent Education
8 didn't -- they don't do -- apparently, they don't
9 do curriculum frameworks. So they didn't have any
10 information but were able to put me in touch with
11 the individuals from the public school section.
12 So she sent me information so the council will be
13 having to discuss that in a little more detail at
14 our next meeting. But I just want to make sure
15 that -- to see if anybody has any feedback
16 regarding that at this point. No.

17 And then again, we are clarifying the --
18 initially, the rule with respect to the
19 accreditation section of approving the training
20 programs we initially, did not have a timeframe
21 specified in rule for how long a school or program
22 could remain provisionally approved. And that was
23 not the intent of the provisional approval status.
24 So what we are actually recommending based on
25 consensus from the last council meeting is that we

1 allow a school to remain provisionally approved
2 for five years.

3 I realize the draft that you have says three
4 years. But we are recommending five years,
5 because we received testimony at the last meeting
6 indicating that even though the training portion,
7 or the training program itself, is typically three
8 years in length, you know, getting all of the
9 clinical experience in verse may take additional
10 time outside of that three years just because
11 there's limited availability and preceptors and
12 things of that nature. We are going to recommend
13 changing that to five years. And I think that was
14 pretty much the major change in that section.

15 MS. CONORD-MORROW: Direct supervision was
16 not defined completely at our last meeting.

17 (Whereupon, the court reporter asked for
18 clarification.)

19 MS. ROBINSON: You are correct. We are
20 still tweaking out also the definition of "direct
21 supervision." Is that -- we have others in that
22 section -- because one of the things that the
23 council discussed at their last meeting was
24 whether or not -- if we have a delineation between
25 indirect supervision of clinical experiences

1 versus indirect -- or direct versus indirect,
2 sorry. We are probably going to have to specify
3 which procedures need to be done under direct
4 versus indirect,

5 So we are still gathering information on
6 those topics as well. And again, we'll, you know,
7 we'll bring all that back to the next council
8 meeting. But if anybody in the audience has any
9 feedback regarding that, we'd love to hear it.

10 Okay. Next, is 24-5, License Status. The
11 changes in these particular set of rules really is
12 just cleaned up language, just removing language
13 that's repetitive, because it's already in the
14 statute. It just -- there's really nothing
15 substantive that we changed in that section. But
16 just to be official, Michelle Ruffalo, do you have
17 any comments on that section?

18 MS. RUFFALO: No. But I do have a comment
19 on the previous section. I'm sorry.

20 MS. ROBINSON: It's okay. We can go back.

21 MS. RUFFALO: It skipped ahead. I'm sorry.
22 I'm looking at the numbers just trying to make it
23 all match. I apologize.

24 MS. ROBINSON: Do you want to come up --

25 MS. RUFFALO: I apologize. It's my first

1 time.

2 MS. ROBINSON: It's ours, too.

3 MS. RUFFALO: Okay. So I'm going back to
4 64B24-4010, the Four-Month Pre-Licensing Course.

5 MS. ROBINSON: Okay.

6 MS. RUFFALO: I know that Kathy or Melissa
7 had talked about defining the term "supervised."
8 One of the provisions that we wanted to have added
9 into that was that provisions for supervised
10 labor, post-partem, newborn exams, intro-partem,
11 post-partem to be equivalent or exceeding the
12 non-requirements by each participant.

13 MS. MATTOX: So you're talking about the --
14 the 4.010 --

15 MS. RUFFALO: Uh-huh.

16 MS. MATTOX: -- about the --

17 MS. CONORD-MORROW: The C?

18 MS. MATTOX: C. Yes. You're talking about
19 changing that one --

20 MS. RUFFALO: Uh-huh.

21 MS. MATTOX: -- to read what? Repeat again.

22 MS. RUFFALO: The provisions for supervised
23 labor, supervised post-partem, supervised newborn
24 exams and deliveries, and supervised prenatal
25 visits equivalent or exceeding the NARM

1 requirements by each course participant with a
2 Florida preceptor and completed within the state
3 of Florida. A lot of this is some of the stuff
4 that was talked about in the council meeting
5 before.

6 MS. ROBINSON: And I'll go over this again
7 at the end. But for those of you that have very
8 specific comments with, you know, how you want a
9 particular section of a rule to read, it would be
10 really helpful if you could forward that to me via
11 e-mail just so that we have it. But I'll go over
12 that again.

13 MS. RUFFALO: Absolutely.

14 Robin, what was your question?

15 MS. MATTOX: So is that just making sure
16 that they already have equivalent of that
17 experience, or going back to repeat or having them
18 do the number of requirements? It sounds like --

19 MS. RUFFALO: No. It's to make -- it's to
20 have them do --

21 MS. MATTOX: Again, in Florida -- in
22 Florida --

23 MS. RUFFALO: Not necessarily the 50. You
24 know, we're not talking 50, what someone is coming
25 -- or, you know, in a MEAC accredited program.

1 But if someone who is coming from another country,
2 you know, who -- an OB in particular, you know,
3 who's to say that they have any out-of-hospital
4 experience. So it would be, you know, for that
5 pre -- that licensing circumstances that, you
6 know, we would -- that they would be with a
7 Florida preceptor and that they would actually
8 have to have some supervised prenatals, labors,
9 post-partems, everything.

10 MS. CONORD-MORROW: Including what -- NARM
11 standards, so that's all of --

12 MS. RUFFALCO: Or Florida standards.
13 Correct.

14 MS. CONORD-MORROW: So that would be all of
15 our clinicals.

16 MS. RUFFALO: Right. But not -- I'm not
17 saying 50. We're not saying like 50, but we're
18 saying like, you know, 10, you know -- or, you
19 know, that they have to -- they, you know, they
20 can't just come in and take the licensing course
21 and then go take the NARM? And, you know, go open
22 a birth center in Miami. Sorry.

23 So -- so it's just to kind of, you know, make
24 sure that you know who their preceptor is, just
25 kind of say, okay. You know, I can sign off with

1 a good conscience that this person does know how
2 to, you know, treat women with -- you know,
3 prenataally and they do have a -- you know, they
4 are competent for labor and delivery and
5 post-partem. So that's what, you know --

6 MS. MATTOX: In and out of hospitals though?

7 MS. RUFFALCO: In and out of hospitals,
8 that's correct.

9 MS. MATTOX: So possibly requiring the NARMS
10 requirements, but not the full Florida --

11 MS. RUFFALO: Correct.

12 MS. MATTOX: -- clinicals, which are less --
13 it's 40.

14 MS. CONORD-MORROW: It's 40 --

15 MS. YOUNG: Does that have a different
16 requirement for, like, midwives who are
17 physicians? Or maybe that's something --

18 MS. ROBINSON: So but -- just -- NARM does
19 have specific requirements on this -- for this
20 area?

21 MS. YOUNG: For the CPM.

22 MS. ROBINSON: All right.

23 MS. MATTOX: And we addressed this quite a
24 bit at the council meeting. And -- okay.

25 MS. CONORD-MORROW: We agree these are

1 little requests, but that seems like repeating the
 2 same thing that we do for another practitioner
 3 from another country. Say from England, a
 4 licensed midwife who's come from there and she's
 5 already done this work, and then we're asking her
 6 to repeat the entire NARMS again in Florida.

7 MS. YOUNG: I think the concern is that they
 8 -- that yes, somebody who equivocally trained, or
 9 just, like someone from England, not a problem.

10 MS. CONORD-MORROW: But if we put in there,
 11 done in Florida with a Florida preceptor, they
 12 wouldn't have to repeat everything all over again.
 13 That's restrictive for someone who is trained.

14 MS. RUFFALO: Well, equivalent, I think, is
 15 the key word in out-of-hospital, because, you
 16 know, if they're in England and they're, you know,
 17 with the Royal College of Midwifery and they're
 18 practicing, they are -- you know, a lot of them
 19 are practicing out-of-hospital and in-hospital.
 20 But if we have other physicians who are coming
 21 from somewhere else who have never stepped outside
 22 of a hospital or never stepped into a birth
 23 center, and then all of the sudden they're, you
 24 know -- and we know that this is something that
 25 has happened in our state, that they've come and

1 gotten their four-month licensing program, you
2 know, and, you know, that's their goal, is to come
3 in and practice, you know.

4 MS. MONDESIR: Are you we talking about the
5 pre -- the four month -- okay. We went over this
6 when we were discussing what the numbers were that
7 we were going to accept, and we decided that it
8 has to be, right, than what's already written
9 down. We just haven't locked in what the numbers
10 are.

11 MS. RUFFALO: Right. Right. And I'm just
12 -- as -- we're just requesting that -- that
13 language.

14 MS. MATTOX: That's the language that you're
15 requesting.

16 MS. RUFFALO: It's the same language that
17 you guys have already -- yes.

18 MS. MATTOX: That's very different language
19 than what we proposed.

20 MS. RUFFALO: Is it? Okay.

21 MS. MATTOX: Yeah. It's very different
22 language but, you know, I understand.

23 MS. RUFFALO: Okay.

24 MS. ROBINSON: But what we will do is as --
25 as we get testimony and comments from the

1 interested parties here, like I said, we will
2 consider all of these comments. We'll bring it
3 back to the council at our next meeting at a date
4 to be determined. We're still working on that.
5 And then, we'll, you know, we'll hash out what the
6 language needs to be.

7 MS. RUFFALO: Okay. Absolutely. Thank you.

8 MS. ROBINSON: So are we ready to move on to
9 24-5, License Status?

10 Okay. So Michelle, you didn't have any
11 comments on that section --

12 MS. RUFFALO: No, ma'am.

13 MS. ROBINSON: What about Kristen Phillips?

14 MS. PHILLIPS: No.

15 MS. ROBINSON: Okay. Kim Stuart or Laura?

16 MS. STUART: We'll let you know if we have a
17 comment. How about that?

18 MS. ROBINSON: Okay.

19 MS. MCLAFFERTY: So you don't have to keep
20 calling our names.

21 MS. ROBINSON: Okay.

22 MS. MCLAFFERTY: We just signed it just in
23 case we had a comment.

24 MS. ROBINSON: Got you. All right.

25 (Whereupon, the court reporter asked for

1 speaker's name.)

2 MS. ROBINSON: Okay. And council members,
3 do you have any questions, comments? Again, that
4 was just mostly clarification and streamlining
5 that section.

6 All right. All right. The next section is
7 24-6, Continuing Education. Again, this is mostly
8 streamlining and clarification of language.
9 Also -- oh, yeah. We did some clean-up with
10 respect to the performance of pro bono continuing
11 education services, and then, also, some clean-up
12 regarding the program requirements. So does
13 anyone have any comments about that section?

14 MS. BARNES: We're on six?

15 MS. ROBINSON: Yes.

16 MS. BARNES: Madam Chair, can I pose a
17 question to the midwives that are here? Twenty
18 hours of continuing medical education for two
19 years, it seems to me to be a small number. I
20 wonder if that seems an adequate number?

21 MS. MCMULLEN: It's actually set in statute.
22 The legislature made that decision for us.

23 MS. BARNES: All right.

24 MS. ROBINSON: Any of the interested parties
25 have comments about that section?

1 Okay. Council members?

2 MS. MATTOX: I just wanted -- on the
3 criteria for education programs, 6.005 I think it
4 is, it was just talking about the -- taking out
5 the video cassette for approved courses on
6 electronic media. Does that include
7 computer-based training?

8 MS. MCMULLEN: Does it include what?

9 MS. MATTOX: Computer-based -- it's
10 continuing education --

11 MS. MCMULLEN: That was the purpose of the
12 change, so that you could get it online and in
13 other ways. Video cassette is sort of an outdated
14 term.

15 MS. MATTOX: Right. And it was just a
16 maximum of five hours per subject. So I just
17 wanted to make sure --

18 MS. MCMULLEN: That's set in statute. They
19 limit the amount of time that you can get the
20 out-of-classroom, you know, continuing education.
21 So we're kind of stuck with that.

22 MS. MATTOX: Thank you for that.

23 MS. BARNES: I have a question about number
24 6.005, also. Is -- why do we have to have a
25 minimum one-clock hour in duration? Are there not

1 programs that would be 30 minutes that would be
2 valuable programs?

3 MS. MCMULLEN: There probably are, but
4 that's true across all professional health care.
5 A one-clock hour is at least 50 minutes and that's
6 typically the way they're measured. So -- and I
7 think that that also is in statute.

8 MS. ROBINSON: I was going to say I thought
9 it was too.

10 MS. RODGERS: I have a question then.
11 You're saying that they have to be at least
12 one-clock hour in duration. Can they be 1.5?

13 MS. MCMULLEN: Sure.

14 MS. RODGERS: Okay.

15 MS. MCMULLEN: But you can't have but 30
16 minutes. That's -- that's the issue you can't
17 have less than -- less than one.

18 MS. ROBINSON: Any other questions or
19 comments?

20 All right. The next rule section is 24-7,
21 Midwifery Practice. When we were going through
22 and coming up with the proposed changes to these
23 rules as part of our process, you'll notice that
24 we did not spend -- we did not recommend a whole
25 lot of changes to this particular section, because

1 as department staff, we're not the experts in the
2 standard care for midwifery practice.

3 We talked about these rules at length at our
4 meeting last time, and we still have a lot of
5 research to do in these areas. Specifically, some
6 of the focused areas were the risk assessment
7 criteria, responsibilities of the midwife. We had
8 some discussion about the malpractice insurance
9 requirement, which we're actually going to revisit
10 because we found some additional information. And
11 then, also, lots of discussion regarding the
12 requiring an annual report to be submitted by all
13 licensed midwives. So I'm going to ask interested
14 parties, if anyone is interested in commenting on
15 any of these rules.

16 MS. RUFFALO: Should we have a lot, then
17 we'll put it in writing and, you know, we'll make
18 sure that you have it in writing since there is
19 still research going on.

20 MS. ROBINSON: Yes.

21 MS. RUFFALO: So we'll do that. We'll
22 submit it in writing.

23 (Whereupon, the court reporter asked for
24 speaker's name.)

25 MS. ROBINSON: Okay. Kristen, does that go

1 for you, also?

2 MS. PHILLIPS: Yeah.

3 MS. ROBINSON: Anybody else? Do the council
4 members have any discussion points at this point?

5 MS. CONORD-MORROW: There was the historical
6 aspect with risk assessment, and I was able to
7 find out that it was from the maternity center
8 from Manhattan in the early 1900s, but also used
9 later in the '70s, I believe. Like, that was
10 drawn from their research, that was a program that
11 was -- or an organization that was alive and well
12 during that time, and it was moved forward. And
13 then, they drew that information from the '70s, I
14 guess, from that -- what they were considering
15 risk in maternity care at that time.

16 MS. ROBINSON: So do we know if that is a
17 document that has been changed over the years
18 or --

19 MS. CONORD-MORROW: I believe they just
20 abstracted the information and made this.

21 MS. ROBINSON: Okay. Any other comments?

22 All right. Moving along, the next rule is
23 64B24-8. These are your disciplinary guidelines.
24 We are actually going to try to change the format
25 of the guidelines by -- rather than having them

1 listed in the rule language itself, we are going
2 to try to incorporate them by reference, similar
3 to what we do with applications and other forms
4 requiring a rule. We also are going to be looking
5 at the validity and appropriateness of the
6 existing penalty guidelines and adding mediation
7 requirements. And note, there is a representative
8 from the department's Prosecution Services Unit.

9 Do you have any comments or concerns on that?

10 Okay.

11 MS. SYKES: I do not.

12 MS. ROBINSON: Okay.

13 MS. MCMULLEN: Let me say this, that the
14 guidelines chart that was -- that you received
15 with the draft rule, that doesn't reflect the
16 existing -- the existing penalties. There is
17 another table that's on the -- that's on the table
18 in the back that has the existing penalties so you
19 can run through that and look at that.

20 One of questions we have is, are the existing
21 penalties appropriate for the circumstances in
22 today's world? So at some point, if you all would
23 grab one of those, you can look at that. But the
24 chart that you have doesn't reflect the -- as it
25 exists now -- or the rule as it exists now.

1 MS. ROBINSON: Do any interested parties
2 have any comments or feedback regarding the
3 disciplinary guidelines or the proposed mediation
4 rule?

5 Do council members have any comments?

6 MS. CONORD-MORROW: Christy, where is the --
7 the proposed mediation?

8 MS. ROBINSON: On the back, the very back.

9 MS. MCMULLEN: That's a statutory
10 requirement. There's another section of 456 that
11 requires that all boards and councils provide for
12 mediation, and that had been left out previously
13 in the midwifery rules; so now it's being inserted
14 to comply with the statutory requirement.

15 MS. ROBINSON: No comments on the
16 disciplinary rule?

17 All right. So --

18 MS. CONORD-MORROW: Could you possibly
19 explain how the mediation would be applied in a
20 circumstance -- how is this used? Is -- I mean, I
21 understand what mediation is, but is that a legal
22 representative? Is that someone who the community
23 -- is that some -- how does that work?

24 MS. MCMULLEN: You would have a mediator
25 assigned. Probably would be someone from the

1 department. And you can have representation. You
2 bring your lawyer, or not. But basically, it's a
3 negotiation process where you arrive at a mutually
4 acceptable penalty for whatever the violation was.

5 MS. CONORD-MORROW: How is that different
6 than what we already do?

7 MS. MCMULLEN: Essentially, probably at the
8 end of the day, it's not much different, because
9 if you go through the disciplinary process, there
10 -- there very well may be a settlement negotiation
11 that goes on for a recommended settlement of the
12 administrative complaint that's filed against the
13 -- the department would file a complaint against
14 the licensed midwife.

15 And there may be a settlement negotiation
16 that goes back and forth where the licensed
17 midwife would offer mitigating circumstances. You
18 know, yes, I did this, but I also have this, this,
19 and this. And the department would come back and
20 say, okay. We'll take that into consideration, so
21 we'll reduce the fine from this to this, and we'll
22 reduce the probation from this to this.

23 And then, if that's acceptable to the
24 licensed midwife and they agree, and then that
25 settlement is then presented to the department.

1 And the department can accept it or reject it. So
 2 that's the way it would normally work. So in any
 3 of the disciplinary processes, typically, there is
 4 some give and take in the punishment level. It's
 5 just that mediation -- you just go straight to
 6 mediation. You basically say, yes, and -- you
 7 know, I did this. There's no question of facts.
 8 Let's just mediate and be it whatever the
 9 disciplinary punishment is going to be.

10 MS. BRADLEY: At what point is it ever, and
 11 where and what is public knowledge since we're
 12 charged with, you know, safety of mom, baby, on
 13 behalf of the state?

14 MS. MCMULLEN: It becomes public when a
 15 complaint is filed that's confidential -- and it
 16 stays confidential through the investigatory
 17 stages. It becomes public 10 days after probable
 18 cause is found. And it goes to a probable cause
 19 panel, who evaluates the complaint, the evidence
 20 that's been collected, and all of the evidence
 21 that's available. And then the probable cause
 22 panel makes a determination that, yes, there's
 23 probable cause here, we can go forward, or there
 24 is no probable cause and it ends.

25 If there is probable cause, then they'll make

1 a finding of probable cause. Ten days after that
2 finding, it becomes public. It goes up on the
3 department's website. If there is no finding of
4 probable cause, that's the end of it, and that
5 complaint and everything that happened with regard
6 to that complaint stays confidential.

7 It's kind of like the criminal process where,
8 you know, you have an arraignment and -- you know,
9 where they say yes, there's enough evidence to
10 proceed to the next step, which is with trial. So
11 that's essentially the way it works. It's 10 days
12 after probable cause when it becomes public.

13 MS. CONORD-MORROW: And how long is that
14 from the time of the complaint?

15 MS. MCMULLEN: Could depend. Each case is
16 -- turns out its own facts. Sometimes it takes
17 longer than others to investigate. The
18 investigators -- department of investigators
19 actually go out and gather evidence, interview
20 witnesses, and sometimes it happens very quickly.
21 Sometimes it will take months, so it just depends.

22 The person complained against is notified
23 that the complaint has been filed so they're aware
24 from the very beginning. They're not allowed to
25 share that with anybody because it's still

1 confidential. But that's the way the disciplinary
2 process works. Some of the more complicated cases
3 that require -- that have voluminous records, for
4 instance, medical records that require a lot of
5 review, can take longer than others.

6 MS. ROBINSON: I would actually like to go
7 back to 64B24-7, the Midwifery Practice Section.
8 I know you said you had -- Laura and Michelle, you
9 had written comments.

10 MS. RUFFALO: We did.

11 MS. ROBINSON: But if you are prepared, we
12 would -- I think we would like to hear if you're
13 able to give us some comments, because that might
14 help jar our thought process with respect to where
15 we need to be conducting research, and that type
16 of thing might be very, very helpful.

17 MS. RUFFALO: Okay.

18 MS. ROBINSON: We have plenty of time.

19 MS. RUFFALO: All right. I'm Michelle
20 Ruffalo, representing the Midwives Association of
21 Florida. Okay. The definitions in 7.001. So in
22 our -- for consultation, "Communication" -- what
23 it states now is "Communication between a licensed
24 midwife and a health care provider for the purpose
25 of assessing a potential or actual problem

1 relevant to the patient."

2 We would like to have on record that a
3 discussion could be between -- a situation between
4 the midwife seeks advice or information from
5 another midwife, an ARNP, or a physician about a
6 clinical situation presenting her management plan
7 for feedback.

8 MR. MCMULLEN: Presenting her management
9 plan for --

10 MS. RUFFALO: Feedback. So basically
11 presenting the plan and then getting the feedback
12 from them. And granted, this is clean up.

13 Just -- for consultation, "A consultation
14 refers to a situation in which the midwife, using
15 her professional knowledge of the client, in
16 accordance with this document, or by client
17 request, seeks the opinion of a physician
18 competent to give advice in the relevant field.
19 The consultant will either conduct an in-person
20 assessment of the client or will evaluate the
21 client's records in order to address the problem
22 that lead to the consultation. In providing care,
23 licensed midwives and physicians will take into
24 account their patient's informed choices."

25 Number 3, Transfer. "When care is

1 transferred permanently or temporarily from the
2 midwife to a qualified hospital-based provider,
3 the receiving practitioner assumes full
4 responsibility for subsequent decision-making
5 together with the client."

6 So according to this -- according to what our
7 law says now in Transfer, we transfer means it's a
8 formal dissolution of care. For ours, we're
9 saying that it could be permanent, but it could
10 also be temporarily, and the physician allows the
11 client to come back in the care.

12 The Risk Assessment --

13 MS. MATTOX: So you're bringing in four
14 definitions instead of three, right? Discussion,
15 Consultation, and Referral and Transfer?

16 MS. RUFFALO: Uh-huh.

17 MS. MATTOX: Where your collaborative
18 management would be under Referral?

19 MS. RUFFALO: Uh-huh.

20 And then -- I'm sorry. And then it's broken
21 down into pre-existing conditions and, you know,
22 conditions that would require a discussion,
23 conditions that would require a consultation, and
24 conditions that would require a transfer. And we
25 have it broken down into pre-existing,

1 ante-partem, inter-partem, and post-partem, also.
2 So specific conditions which would require
3 discussion, consultation, referral, transfer.

4 MS. BARNES: And that would be to replace
5 the, like, long list --

6 MS. MATTOX: The risk assessment -- the
7 point system.

8 MS. RUFFALO: Correct.

9 MS. MATTOX: It would be replacing the point
10 system.

11 MS. RUFFALO: Correct.

12 MS. MATTOX: And this -- can you give us,
13 Michelle, the history of where that came from?

14 MS. RUFFALO: It came from multiple
15 conference calls with members of the Midwives
16 Association of Florida, pulling from different,
17 you know, all the midwives' experiences, and
18 that's where it came up from.

19 MS. YOUNG: Did you guys use any guidelines?

20 MS. RUFFALO: Well, we had -- I mean, we had
21 our guidelines for this, you know, the MANA Core
22 Competencies and the ACNM.

23 MS. YOUNG: Okay.

24 MS. MATTOX: Is there any other systems that
25 function under that set of rules? Probably not.

1 Not that you know?

2 MS. RUFFALO: Not that I know of. And then,
3 instead of -- that's why I said instead of listing
4 every single one individually, that's why I was --
5 said we could submit it in writing.

6 MS. BARNES: Do you have it in electronic
7 format now?

8 MS. RUFFALO: I do. Yes.

9 MS. BARNES: Is there any way we can
10 disseminate it and look at it now?

11 MS. ROBINSON: Well, I don't have internet
12 on.

13 Do you know what the password is.

14 MS. RUFFALO: Well, Robyn, you were able --
15 I got yours on. I can --

16 MS. MATTOX: I don't have my air card.

17 MS. ROBINSON: Okay.

18 MS. MCMULLEN: First of all, let me explain.

19 This is not -- we're not here to debate this.

20 We're not here to debate whether this is good or
21 bad. This is testimony that she's offering. So
22 it's not appropriate in a workshop to discuss it.

23 MS. RUFFALO: Okay.

24 MS. ROBINSON: When she -- when she sends us
25 her written comments, we'll disseminate it to

1 everyone so you can see it so that we can discuss
2 it at the next meeting.

3 MS. MCMULLEN: The time for discussion will
4 be at the next council meeting.

5 MS. RUFFALO: Okay.

6 MS. MCMULLEN: It's appropriate to ask
7 questions, you know -- and, you know, to -- so
8 that you understand what her testimony is. But
9 now is not the time we're going to say, well, why
10 don't we do it this way, this way, or this way.

11 MS. RUFFALO: And again, as you guys are
12 researching, we are researching, too, to try and
13 find what is going to, you know, move us forward
14 into the future.

15 MS. MATTOX: Can you give us an example of
16 each one of your sections? Could you just give --

17 MS. RUFFALO: Give a quick example --

18 MS. MATTOX: Like, a couple of examples on
19 what would be considered a consultation, or reason
20 for referral, reason for transfer?

21 MS. RUFFALO: Absolutely. So I'll just
22 start with ante-partem real quick. So discussions
23 -- so under "Discussion" would be, you know,
24 something like urinary tract infections that are
25 unresponsive to treatment, or well-controlled

1 gestational diabetes, persistent -- discrepancies
2 for discussion.

3 And consultation would be significant
4 abnormal pap in the current pregnancy,
5 pyelonephritis, thrombosis, you know, unresolved
6 polyhydramnios or oligohydramnios.

7 And then, transfer would be premature,
8 pre-labor rupture of membranes, someone who has
9 developed health or preeclampsia, placenta previa
10 at 32 weeks gestation or an ectopic pregnancy. I
11 mean, that's just an example. And again, it's a
12 work in progress. So basically, they took from
13 the risk assessment, and instead of doing points,
14 added it into different categories.

15 MS. YOUNG: Same as the MANA guidelines.

16 MS. RUFFALO: Uh-huh.

17 MS. RODGERS: I have a question. Is anyone
18 still using the point system?

19 MS. RUFFALO: Everyone uses the point
20 system.

21 MS. RODGERS: But you're suggesting not to
22 use it?

23 MS. RUFFALO: Uh-huh. That's correct.

24 MS. MATTOX: As far as I know, there -- as
25 far as I know, there's no other system like that.

1 I think Florida's the only one that uses this type
2 of point system. This is kind of an outdated
3 system.

4 MS. RUFFALO: From the 1900s.

5 MS. BRADLEY: So the other systems that are
6 used is it -- if you -- within those categories,
7 if somebody -- it has that one category and it's
8 transfer out or --

9 MS. YOUNG: It's broken down. Just like
10 Michelle was explaining their suggestions, it's
11 broken down. Like, if these things come up, then
12 you need a consultation. If these things come up,
13 then you need to have collaborative management.
14 If these come up, they shouldn't be in your care,
15 period. So it's very clear, direct. Yes.

16 MS. RUFFALO: And if someone has gestational
17 diabetes or they -- or they're borderline and
18 they're seeing a dietitian, and they're being --
19 have well-controlled and they're doing their
20 finger sticks, and a physician is consulting and
21 collaborating, then, you know, that would be --
22 whereas now, it's a transfer. So --

23 MS. YOUNG: Well, and then on the other side
24 of that, there's things that are -- are risk
25 assessment that, you know, they really should not

1 be not be in our care. But according to the law,
2 we could get a consultation and they would send
3 them right back. So I mean, it's both directions,
4 which is sometimes a problem.

5 MS. ROBINSON: Thank you.

6 MS. YOUNG: Christy, would you like me to
7 send this to your address?

8 MS. ROBINSON: Yes. Absolutely. Yeah.

9 Is there any other rule or language that
10 anybody would like to revisit before we finish?

11 All right. So again, any interested parties
12 that have interested comments, you can e-mail
13 those to me. My e-mail address is up on the
14 board. If you could please submit them to us
15 within the next 10 or so days, because what we'll
16 do is we'll compile all the comments, in addition
17 to the testimony we've heard here today, to get
18 that ready to present to the council at their next
19 meeting. We don't have a date yet, but whenever
20 that is.

21 And then we will obviously consider all
22 comments that we have received here today and that
23 we will receive via e-mail, or you can mail them,
24 also. And once -- yeah. Once we have all of
25 that, we can start looking at coming up with

1 proposed draft language to incorporate comments
2 and, you know, bring all that back to the council
3 with further discussion, tweaks, if necessary.
4 And I appreciate everyone coming today and thank
5 you for your time and look forward to getting
6 feedback from you via e-mail.

7 (Whereupon, the proceedings were concluded
8 10:04 a.m.)

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CERTIFICATE OF REPORTER

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STATE OF FLORIDA)
COUNTY OF LEON)

I, SCHEDULE L. WOODS, Court Reporter and Notary Public, do hereby certify that the foregoing proceedings were taken before me at the time and place therein designated; that my shorthand notes were thereafter translated under my supervision; and the foregoing pages numbered 3 through 45, are a true and correct record of the aforesaid proceedings.

I FURTHER CERTIFY that I am not a relative, employee, attorney or council of any of the parties, nor relative or employee of such attorney or counsel, or financially interested in the foregoing action.

Dated this 27th day of April, 2015.

SCHEDULE L. WOODS
FOR THE RECORD REPORTING
1500 Mahan Drive
Tallahassee, FL 32308
(850)222-5491

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